

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL063022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 01/22/2015
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NAME OF PROVIDER OR SUPPLIER FOX HOLLOW SENIOR LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 190 FOX HOLLOW PINEHURST, NC 28374
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments This is a Report of a Biennial Construction Survey conducted by Greg Cates and Billy Bryant on January 22, 2015. Based on our records, this facility was licensed or submitted for licensure on or about November 17, 1997 as a Home for the Aged with Eighty-Five (85) beds, including Sixteen (16) Special Care beds. Based on the above information, we are requiring the facility to meet the 1996 Rules for the Licensing of Adult Care Homes (Homes for the Aged and Family Care Homes); the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and, the 1996 North Carolina State Building Code - Section 409 Institutional Occupancy (Group I).	C 000	<div style="text-align: center;"> CONSTRUCTION SECTION FEB 25 2015 RECEIVED </div>	
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;	C 101		

**Please
Sign & Date**

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Machella N Brooks</i>	TITLE <i>Executive Director</i>	(X6) DATE <i>2-19-15</i>
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C 101	Continued From page 1 This Rule is not met as evidenced by: 1- Based on observations, the facility failed to ensure that the building meets the NC State Building Code regarding delayed egress. Findings include: a- The EXIT door located at the stairwell in the Special Care Unit is marked as a 15-second delay door however, when pushed for 8-10 seconds, released, and pushed again, the count-down cycle restarted. This is not in accordance with the Building Code requirement that the releasing of the door is an irreversible process that starts when the releasing mechanism is pushed for 3 seconds. b- The double doors leading out of the SCU are magnetic locks which release upon alarm and are equipped with a keypad however they are not equipped with an emergency release switch to release the magnetic locks in the event of an emergency. c- The SCU courtyard is designated as an EXIT with the gates leading out of the courtyard equipped with magnetic locks which release upon alarm and a keypad however they are not equipped with an emergency release switch to release the magnetic locks in the event of an emergency.	C 101	<i>Please see attached document.</i>	
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;	C 166	<i>Please see attached document.</i>	

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FOX HOLLOW SENIOR LIVING COMMUNITY

**190 FOX HOLLOW
PINEHURST, NC 28374**

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C 166	Continued From page 2 (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1- Based on observations, the facility failed to ensure that all oxygen bottles are stored and secured properly to prevent them from falling over or rolling around. Findings include: a- In Room 123, there are oxygen bottles being stored in an unapproved container that does not provide adequate support.	C 166		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1- Based on observations, the facility failed to ensure that the fire safety, electrical, mechanical, and plumbing systems are maintained safe and operating. Findings include: a- The emergency lights located in the following locations do not illuminate on battery power. Locations include but are not limited to:	C 189	<i>Please See attached document.</i>	

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C 189	Continued From page 3 1- Dining Room 2- Kitchen (Note: These deficiencies were corrected at the time of the survey) 2- Based on observations, the facility failed to ensure that the one-hour rating of the ceiling was maintained. Findings include: a- In the Kitchen, several of the one-hour rated ceiling tiles are broken, cracked, or warped, revealing gaps compromising the rating of the ceiling. 3- Based on observations, the facility failed to ensure that the building is safe by not maintaining the fire resistance of building components. Findings include: a- The cross corridor smoke doors located in the following locations did not close completely and latch upon detection of smoke. Locations include but are not limited to: 1- Doors located outside Room 229 2- Doors located outside Room 125	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed	C 199	<i>Please see attached document.</i>	

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C 199	<p>Continued From page 4</p> <p>before April 1, 1984, with natural ventilation in these specified spaces:</p> <ul style="list-style-type: none"> (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1- Based on observations and testing methods, the facility has failed to provide mechanical exhaust to exhaust fumes and odors out of the building.</p> <p>Findings include:</p> <p>a- There are either no exhaust fans or the exhaust fans are not working in the following locations to include but not limited to:</p> <ul style="list-style-type: none"> 1- Maintenance Room 2- Staff Lounge bathroom 3- Janitorial Room next to front Stairwell 	C 199		

C 101. Existing Licensed Fac-No less than '71 Rules

1A. In order to be in compliance with the NC State Building code regarding the delayed egress the community did change the door sign from 15 to 30 seconds. A picture of the sign has been provided for your review. As it relates to the releasing mechanism we will have an outside agency to come out on or before March 9th, 2015 to address the issue. Going forth to ensure that they doors are working properly the ED or designee will monitor and test the door on a monthly basis.

Completion Date: 2/19/2015-door sign changed Releasing mechanism to be addressed on or before March 9th, 2015.

1B. As it relates to the double doors leading out of the SCU they are magnetic locks which release upon alarm and are equipped with a keypad however they are not equipped with an emergency release switch to release the magnetic locks in the event of an emergency. Per the NC Building Code that has been provided with the plan of correction the community is currently in compliance with building code because the double doors unlock upon the actuation of the automatic fire detection system or automatic sprinkler system and also unlock in the event of the loss of power controlling the locking device. Going forth to ensure that they doors are working properly the ED or designee will monitor and test the door on a monthly basis.

Completion Date: N/A

1C. As it relates to the SCU courtyard exit gate leading out of the courtyard equipped with magnetic locks which release upon alarm and a keypad however they are not equipped with an emergency release switch to release the magnetic lock in the event of an emergency. Per the NC Building Code that has been provided with the plan of correction the community is currently in compliance with building code because the double doors unlock upon the actuation of the automatic fire detection system or automatic sprinkler system and also unlock in the event of the loss of power controlling the locking device. Going forth to ensure that they doors are working properly the ED or designee will monitor and test the door on a monthly basis.

Completion Date: N/A

C 166. Housekeeping-Maintained Free of Hazards

1A. Based on observation in room 123 oxygen bottles were stored inappropriately. The community was able to correction this issue the same day by contacting oxygen provider to bring out approved containers to store and support the oxygen. Going forth in order to endure that oxygen is stored properly ED or designee will monthly check rooms with oxygen to ensure that they are stored

correctly. Also ED or designee will check oxygen prior to it being delivered to community to ensure that it is in the appropriate approved containers.

Completion Date: 1/22/2015

C 189. Building Equipment Maintained Safe, Operating

1 A. Emergency Lights were not properly working in the dining room and in the kitchen. They were corrected on 1/22/2015 during the visit by placing new batteries into the lights. Going forth ED or designee will make monthly checks of the emergency lights to ensure that they are working properly.

Completion Date: 1/22/2015

2 A. In the kitchen, several of the one hour rated ceiling tiles are broken, cracked, or warped, revealing gaps compromising the rating ceilings. The community will ensure that all tiles in the kitchen are in good condition no later than March 9th, 2015. Going forth ED or designee will make monthly inspection of the tiles to ensure that they are in good condition.

Completion Date: On or before March 9th, 2015.

3 A. The cross corridor smoke doors located in the following locations did not close completely and latch upon detection of smoke: Doors located outside Room 125 & 229. Closures were adjusted on both set of doors on 2/17/2015. Going forth ED or designee will monitor the doors monthly to ensure that they are in operation correctly.

C 199. Exhaust Ventilation

1 A. Based on observation and testing methods community failed to provide mechanical exhaust to exhaust fumes and odors out of the building. There are either no exhaust fans or the exhaust fans were not working in the following locations: Maintenance Room, Staff Lounge bathroom and the janitorial room next to the front stairwell. Exhaust fans will be replaced to correct each of the fore stated issue on or before March 9th, 2015. Going form ED or designee will monitor the exhaust fans on a monthly basis to ensure they are working properly.

Completion Date: On or before March 9th, 2015.

PUSH UNTIL ALARM SOUNDS
DOOR WILL BE OPEN
30 SECONDS

1008.1.9.6 Special locking arrangements for licensed Group I-2 and large residential care facilities as described in Section 425 of the International Building Code.

Special locking arrangements for licensed Group I-2 and large residential care facilities as described in Section 425 of the International Building Code.

Buildings protected throughout by an automatic fire detection system or automatic sprinkler system and in compliance with the following may be equipped with approved, listed locking devices:

1. Doors shall unlock upon actuation of the automatic fire detection system or automatic sprinkler system.
2. Door shall unlock upon loss of power controlling the locking device.

Exception: Independent standby power is acceptable as long as the automatic fire detection system or automatic sprinkler system when activated has precedence over the standby power and unlocks the door. If a nonemergency situation occurs, such as a power outage, the door shall be allowed to remain locked until the detection system(s) operate, provided that the power outage does not disable the detection system(s). If any of the detection system(s) are disabled in any way, standby power controlling the locking devices will be interrupted.

3. A special locking system of electromagnetic locks may be utilized when all of the following requirements are met:

3.1. These types of locks may be used only in wards and wings, or other portions of a facility that requires security provisions for the protection of its patients.

3.2. These systems may be used provided not more than one such system is located in any egress path.

3.3. A wiring diagram and system components location map shall be provided under glass adjacent to the fire alarm panel.

3.4. An on/off emergency release switch(es) must be capable of interrupting power to all electromagnetically locked doors in the facility. Release switch(es) shall be located and identified at each nurses station serving the locked unit and any other control station responsible for the evacuation of the occupants of the locked units which are manned 24 hours.

3.5. An additional emergency release switch shall be provided for each locked door and located within 3 feet (919 mm) of the door, and shall not depend on relays or other devices to cause the interruption of power.

3.6. Any required emergency release switch shall interrupt power to the locking device(s). If any required emergency release switch is of the locking type, all staff that are responsible for the evacuation of the occupants of the locked unit must carry emergency release switch keys. Additional convenience release devices may be provided.

4. Each special locking installation shall be approved by the appropriate fire and building inspection authority prior to installation, after installation, and prior to initial use and reviewed periodically thereafter.

5. Emergency lighting shall be provided at the door.